



ALABAMA DEPARTMENT OF REVENUE

Application for Certificate of Compliance

FORM
COM: ACC
2/2013

NOTE: If you have questions concerning the completion of this form, please call (334) 242-1189.

1 TAXPAYER INFORMATION *(Please Type or Print)*

TAXPAYER NAME(S) AND ADDRESS	EMPLOYER IDENTIFICATION NUMBER
	DAYTIME TELEPHONE NUMBER ()

2 APPOINTEE *(Please Type or Print)*

NAME AND ADDRESS (The Certificate of Compliance will be mailed to this address.)	TELEPHONE NUMBER ()
	FAX NUMBER ()

The Appointee is authorized to inspect and/or receive confidential tax information held by any office of the Alabama Department of Revenue.

3 IF THIS IS A NON-PROFIT COMPANY.

- a** It is not required to file a Business Privilege Tax Return, check this box..... ☐
- b** It is not required to file an Income Tax Return if the company files a Form 990 (does not include 990T) for Federal purposes, check this box. ☐

4 SIGNATURE OF TAXPAYER(S).

If a tax matter concerns a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

► If this tax information authorization is not signed, it will be returned.

_____ SIGNATURE	_____ DATE	_____ TITLE (IF APPLICABLE)
_____ PRINT NAME		
_____ SIGNATURE	_____ DATE	_____ TITLE (IF APPLICABLE)
_____ PRINT NAME		